## Online RN Endorsement Application

CA BOARD OF REGISTERED NURSING

## Application Overview

This screen-by-screen overview will assist you in completing the Online RN Endorsement Application through your BreEZe profile.

#### **TIPS WHEN APPLYING:**

- Submit your payment the same day you submit the online application. Applications submitted
  without payment will <u>NOT</u> be processed.
- Please fully read the instructions on each page and follow them carefully. You will <u>NOT</u> be able to make any changes to your application once it has been submitted.
- If you submit your online application and forgot to attach any required documentation to the application, you can submit the additional document(s) through your BreEZe account. When you log into your BreEZe account, the online application titled "Submit Additional Documents" is located at the Quick Start Menu under the "Applicant Activities" section.

### Introduction

- Carefully read the Introduction screen, as it contains important information and helpful links, such as our current Processing Times.
- Please note that paid application fees are not refundable for any reason.

#### Introduction

Information Privacy Act

Transaction Suitability Questions

Application Questions

Name and Personal/Organization Details

Contact Details

Education History

Previous Name(s)

Out of State RN License Information

Work Location

Healing Art Survey

Discipline and Conviction Questions

File Attachments

Application Summary

#### 14 - RN Endorsement - Introduction

To qualify for endorsement into California as a registered nurse, you must hold a current and active license in another U.S. State/U.S. Territory or Canada, have completed an educational program meeting all California requirements <a href="mailto:and-date-in-section-nurse-in-se

If you do not possess these qualifications, you must apply for licensure by Examination. For further information click the following link: <a href="http://rn.ca.gov/online\_services/breeze\_online.shtml">http://rn.ca.gov/online\_services/breeze\_online.shtml</a>

The California Board of Registered Nursing will not issue a license if you are lacking any educational requirements. You must successfully complete an approved course(s) in that subject(s) before a California registered nurse license can be issued.

The Registered Nurse endorsement application fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refundable.

Processing times may vary, depending on the receipt of documentation from academic programs, agencies and other states or countries. Current processing times can be found here: <a href="http://rn.ca.gov/times.shtml">http://rn.ca.gov/times.shtml</a>

Processing a Registered Nurse endorsement application indicating a conviction(s), disciplinary action(s) and/or voluntary surrender(s) may take longer.

A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties.

Once you are licensed, your address of record must be disclosed to the public upon request. All requests for information are mandatory.

Please refer to the General Instructions and Application Requirements regarding the Application to obtain Licensure by Endorsement for a Registered Nurse (RN). <a href="https://www.rn.ca.gov/pdfs/applicants/end-app.pdf">www.rn.ca.gov/pdfs/applicants/end-app.pdf</a>

California statutes and regulations pertaining to Registered Nurses may be obtained by contacting: LexisNexis at: <a href="https://www.lexisnexis.com/bookstore">www.lexisnexis.com/bookstore</a> (search: California Nursing)

Press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

# Information Privacy Act

 The Information Privacy Act screen contains information on the Information Practices Act, Section 1798.17 Civil Code. You must Agree to this section before continuing with the application.

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#### 14 - RN Endorsement - Information Privacy Act

INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name: Board of Registered Nursing

Title of official responsible for information maintenance: Executive Officer

Address: P.O. BOX 944210, SACRAMENTO, CA 94244-2100

Telephone Number: (916) 322-3350

Authority which authorizes the maintenance of the information: Section 30, Section 2732.1(a), Business and Professions

code all information is mandatory.

The consequences, if any of not providing all or any part of the requested information: Failure to provide any of the

requested information will result in the application being rejected as incomplete.

The principal purpose(s) for which the information is to be used: To determine eligibility for licensure. Your social security number will be used for purposes of tax enforcement, child support enforcement and verification of licensure and examination status. Section 30 of the business and professions code and public law 94-455 (42 USCA 405(c)(3)(C)) authorize collection of your social security number. If you fail to disclose your social security number, you will be reported to the franchise tax board, which may assess a \$100 penalty against you. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: Possible transfer to law enforcement, other government agencies and reporting social security number to the franchise tax board or for child support enforcement purposes pursuant to Section 30 of the business and professions code. Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.

Mandatory Reporter: Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of \$1,000, or by both imprisonment and fine.

For further details, consult Penal Code Section 11164 and subsequent sections.

Press "Agree" to continue.

To save and exit this application, click on the "Cancel" button.

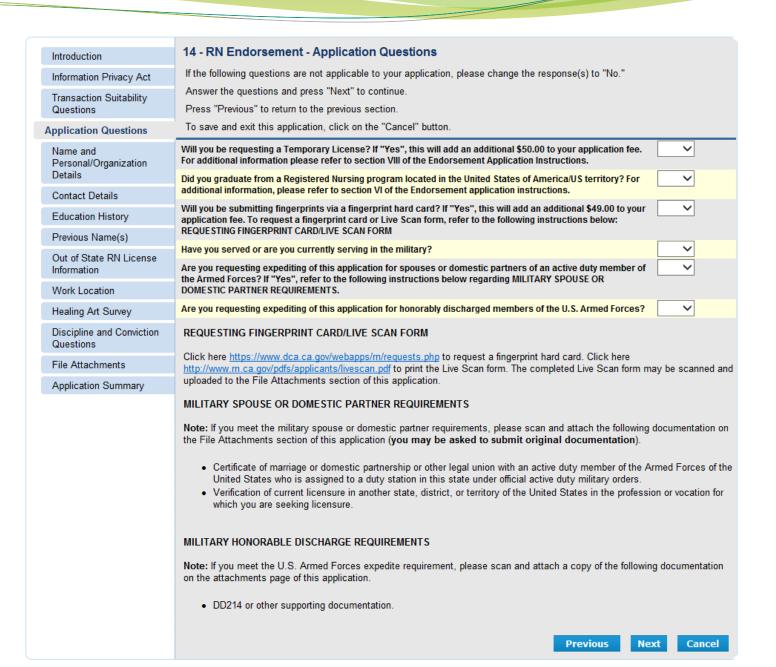
# Transaction Suitability Questions

- The questions on this screen will determine if you are eligible to submit the Endorsement application.
- Please note that a valid U.S.
   Social Security Number (SSN)
   or Individual Taxpayer
   Identification Number (ITIN) is
   required to apply to the Board.

Introduction	14 - RN Endorsement - Function Suitability				
Information Privacy Act	The following questions will determine if you are able to submit the online application.				
Transaction Suitability	Press "Previous" to return to the previous section.  Answer the questions and press "Next".				
Questions					
Application Questions	To save and exit this application, click on the "Cancel" button.				
Name and	Question	Answer			
Personal/Organization Details	Do you have a U.S Social Security Number or Individual Taxpayer Identification Number?	○ Yes ○ No			
Contact Details	Did you pass the National Council Licensure Examination (NCLEX-RN), or the State Board Test Pool	_			
Education History	Examination (SBTPE) for Registered Nurses in the United States, or the five-part licensing examination in Canada?	○ Yes ○ No			
Previous Name(s)	Do you possess a current and active license from another U.S State/U.S. Territory or from Canada?	○ Yes			
Out of State RN License Information		O No			
Work Location	Have you ever applied for RN licensure in California?	○ Yes ○ No			
Healing Art Survey		O NO			
Discipline and Conviction Questions	Have you ever been issued a Registered Nurse license in California?	○ Yes ○ No			
File Attachments	Did you review the General Instructions and Application Requirements regarding the Application for RN Endorsement?	○ Yes ○ No			
Application Summary	The Board of Registered Nursing (BRN) does not accept applications without a U.S. Social Security Number or Individual Taxpayer Identification Number.  The Nursing Practice Act provides for a unified examination and licensing application. Once an application is deemed to have met all of California's requirements, a license is automatically issued. Under these circumstances the BRN cannot accept applications for examination and licensure without a U.S. Social Security Number or Individual Taxpayer Identification Number.  Pursuant to Section 30(c) of the Business and Professions code the BRN may not process any application for licensure unless the applicant provides a U.S. Social Security Number or Individual Taxpayer Identification Number. Section 30 of the Business and Professions code states in part:  30.(a) Notwithstanding any other provision of law, any board, as defined in Section 22, shall at the time of issuance of the license require that the licensee provide his or her Social Security Number or Individual Taxpayer Identification Number.  (b) Any licensee failing to provide the Social Security Number or Individual Taxpayer Identification Number shall be reported by the licensing board to the Franchise Tax Board and, if failing to provide after notification pursuant to paragraph (1) of subdivision (b) of Section 19528 of the Revenue and Taxation Code, shall be subject to the penalty provided in paragraph (2) of subdivision (b) of Section 19528 of the Revenue and Taxation Code.  (c) In addition to the penalty specified in subdivision (b), a licensing board may not process any application for an original license unless the applicant or licensee provides its Social Security Number or Individual Taxpayer Identification Number where requested on the application.				

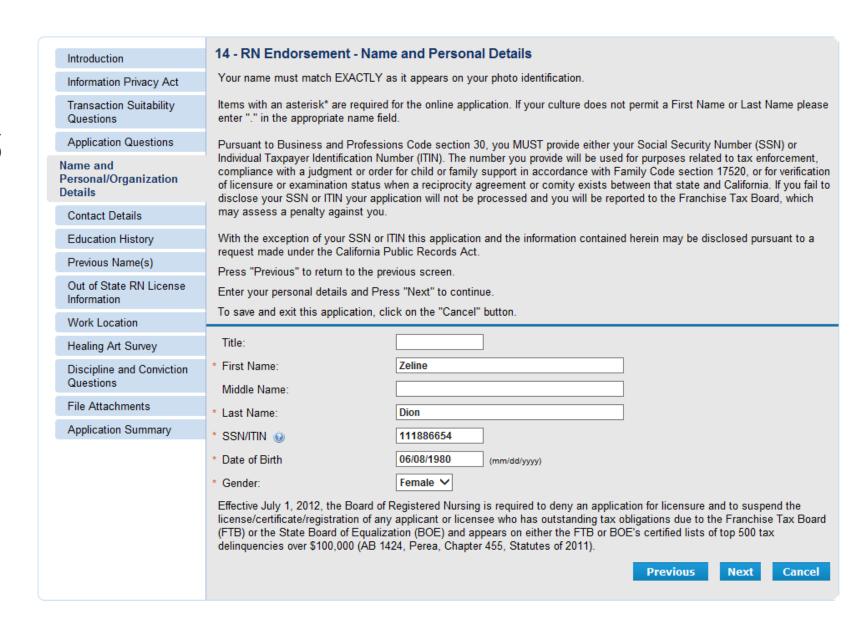
# Application Questions

 On this page, you can request a Temporary RN License (will add a \$50 fee), specify the type of nursing program completed, and find other important information regarding fingerprints and military expedite information.



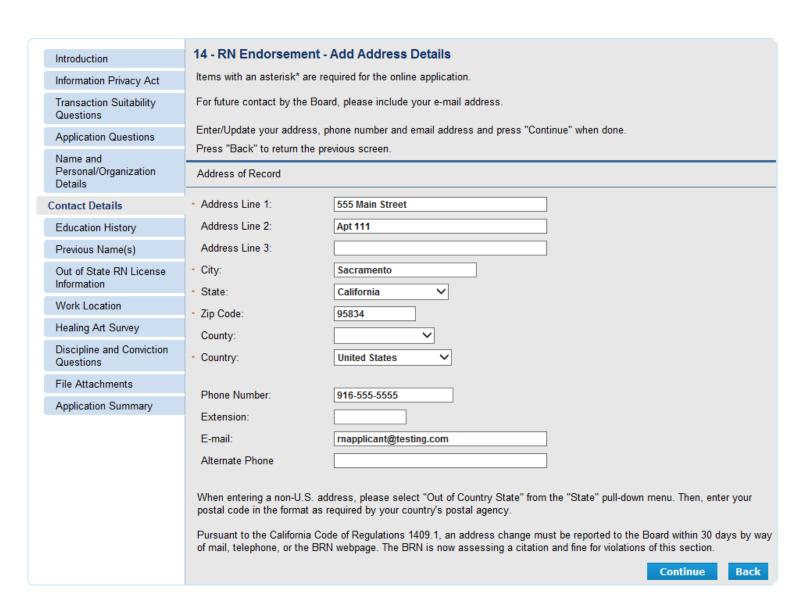
### Name and Personal Details

• Enter your personal information on this screen.



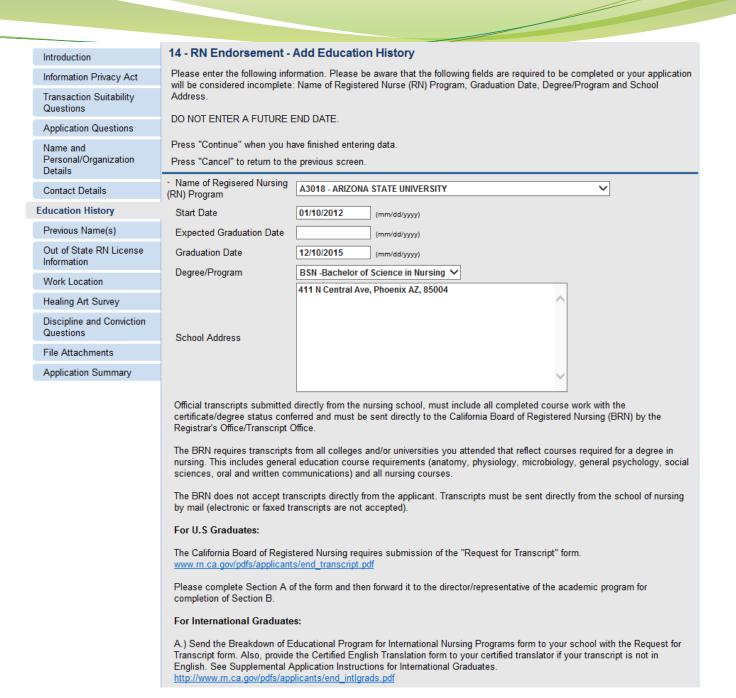
#### Contact Details

- Add an "Address of Record" here. The Board will use the mailing address, email address and/or telephone number for any follow-up correspondence.
- The "Address of Record" can be updated at any time throughout the application process. Just log into your BreEZe account, and access the online application titled "RN-Change of Address", located at the Quick Start Menu under the "Application Activities" section.



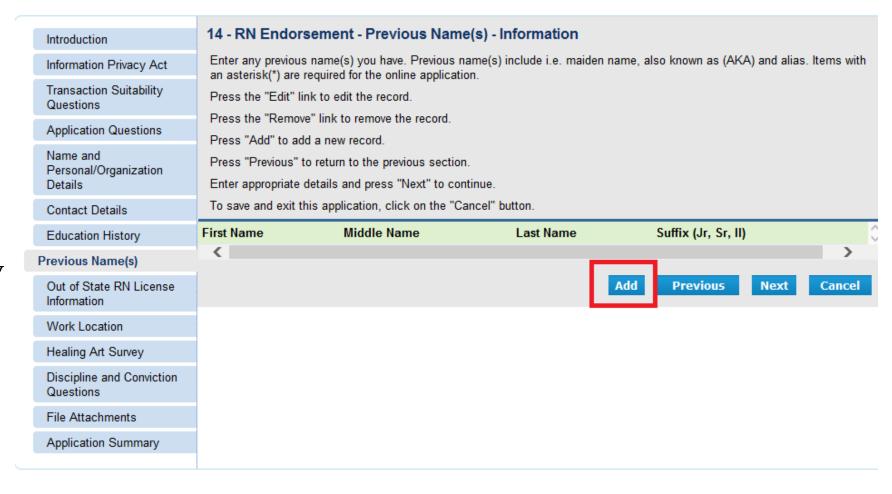
## Education History

- Enter your school information on this screen.
- School names are sorted alphabetically. If you do not see your school listed, select the "Other" option, located at the top of the list.
- Please leave "Expected Graduation Date" blank.



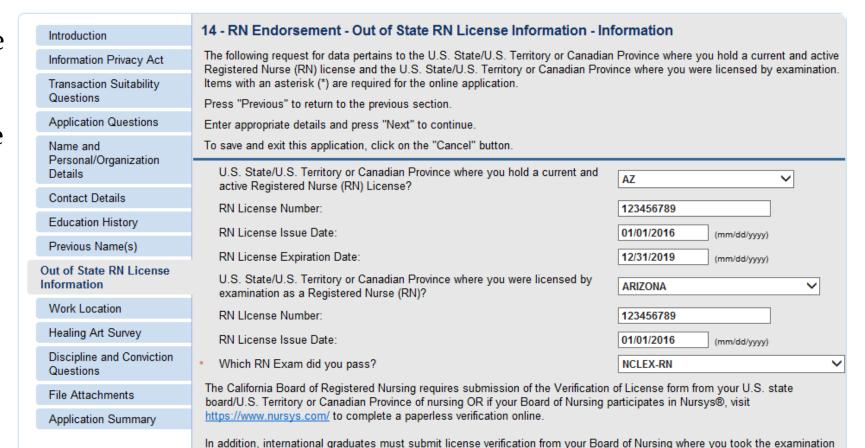
# Previous Name(s)

- On the Previous Name(s) screen, click the "Add" button in order to add any previous name information.
- This will help us in locating transcripts and other documents that may come to our Board under a previously used last name, etc.
- If you do not have any previous names, simply click the "Next" button.



### Out of State RN License Information

- Enter information for where you hold a current and active out-of-state RN license (if you hold multiple active licenses, only information for one active RN license is required).
- If your other State Board of Nursing participates in Nursys online licensure verification, be sure to have that verification registered on the Nursys website and sent to the California Board of Registered Nursing.



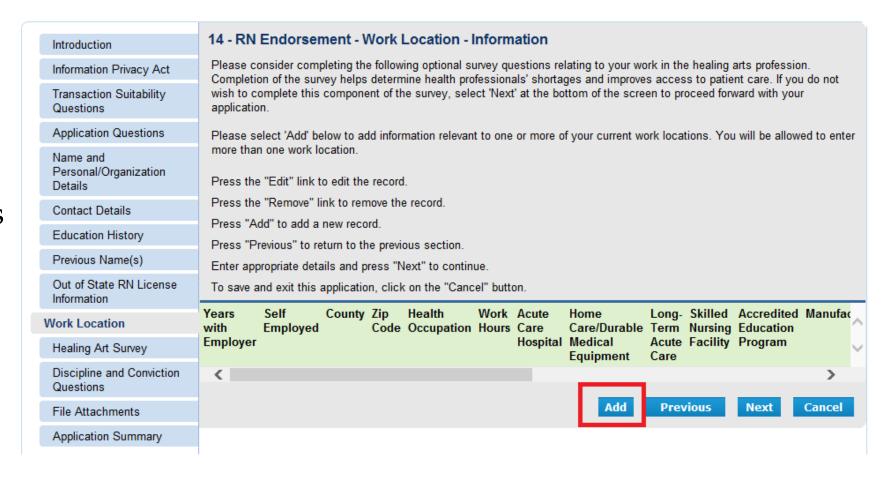
Previous

Cancel

(NCLEX-RN, SBTPE, or five-part licensing examination in Canada).

### Work Location

- Click the "Add" button to complete this optional survey which will help us gather information on health professionals' shortages and improve access to patient care.
- If you do not wish to complete this optional survey, simply click the "Next" button.



# Healing Art Survey

- Similar to the Work Location survey, the optional Healing Art Survey will assist in gathering information on shortages and other relevant data.
- If you do not wish to complete this optional survey, simply click the "Next" button.

	14 - RN Endorsement - Healing Art Survey - Information				
ivacy Act	Please consider completing the following optional survey questions relating to y survey helps determine health professionals' shortages and improves access to				
uitability	component of the survey, select 'Next' at the bottom of the screen to proceed forward with your application.				
	Press "Previous" to return to the previous section.				
uestions	Enter appropriate details and press "Next" to continue.				
anization	To save and exit this application, click on the "Cancel" button.				
	Additional Credentials/Certificates:				
ls	Are you presently pursuing credentials or certifications in addition to your previously obtained qualifying degree?	○ Yes ○ No			
tory	If you answered 'Yes' to the previous question, please enter the name of the credential/certification:				
e(s) RN License	If you are pursuing additional credentials or certifications, what is the expected year of completion (e.g. 2018)?				
n	If applicable, please enter the name of the school at which you are pursuing your additional credential/certification:				
ırvey	If applicable, please enter the address of the school at which you are pursuing your additional credential/certification:				
Conviction					
	Cultural/Ethnic Background:  If you identify your cultural/ethnic background as African American, please				
ents	select Yes.'	○ Yes ○ No			
ummary	If you identify your cultural/ethnic background as American Indian/Native American/Alaskan Native, please select 'Yes.'	○ Yes ○ No			
	If you identify your cultural/ethnic background as Caucasian/White European/Middle Eastern, please select 'Yes.'	○ Yes ○ No			
	If you identify your cultural/ethnic background as Latino/Hispanic, please select 'Yes.'	○ Yes ○ No			
	If you identify your cultural/ethnic background as Latino/Hispanic, please select the appropriate value from the dropdown options.				
	If you identify your cultural/ethnic background as Asian, please select 'Yes.'	○ Yes ○ No			
	If you identify your cultural/ethnic background as Asian, please select the appropriate value from the dropdown options.	<u> </u>			
	If you identify your cultural/ethnic background as Native Hawaiian/Pacific Islander, please select 'Yes.'	○ Yes ○ No			
	If you identify your cultural/ethnic background as Native Hawaiian/Pacific Islander, please select the appropriate value from the dropdown options.	~			
	If you do not identify with any of the cultural/ethnic backgrounds listed in this survey, please select 'Yes.'	○ Yes ○ No			
	If you decline to state your cultural/ethnic background, please select 'Yes.'	○ Yes ○ No			

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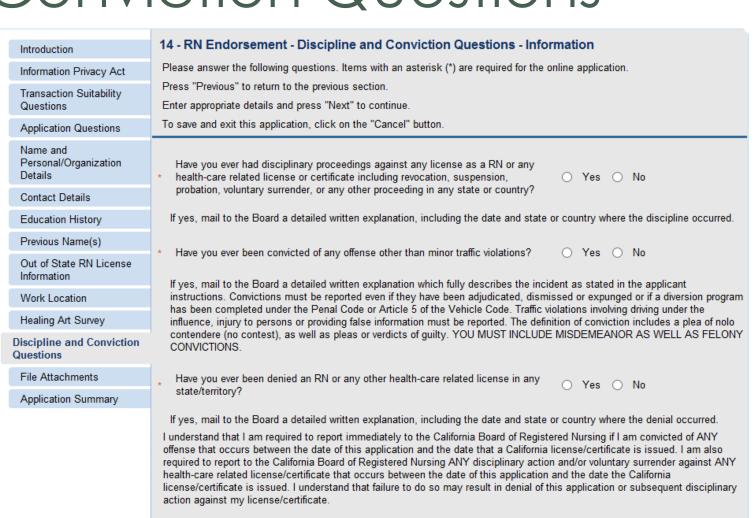
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File Attachm

## Discipline and Conviction Questions

- These questions relate to the applicant's prior discipline or conviction information.
- Please note, answering "Yes" to any of these questions may extend processing time.

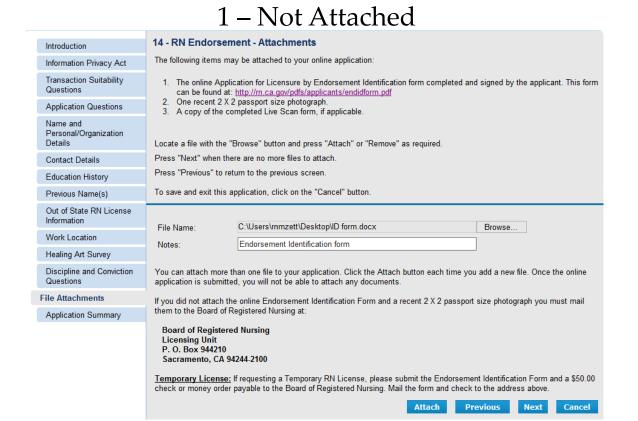


Cancel

Previous

#### File Attachments

- You can upload multiple documents to your online application. Please note, after clicking "Browse" and selecting the file on your computer, you MUST click the "Attach" button at the bottom of the screen each time you add a new file. If you do not click the "Attach" button before continuing with the online application, your file(s) will NOT be uploaded.
- The screenshots below are a comparison the screenshot labeled "1" shows a file that has been selected from the computer but has NOT YET been attached. The screenshot labeled "2" shows a file that is successfully attached. You will see the message "Files Uploaded" when you have successfully attached your document(s).
- PLEASE MAKE SURE TO VERIFY THAT YOUR FILE(S) ARE ATTACHED CORRECTLY BEFORE CONTINUING WITH THE APPLICATION.



#### 2 - Attached

Information Privacy Act  Transaction Suitability Questions  Application Questions  Application Questions  Name and Personal/Organization Details  Contact Details  Contact Details  Press "Next" when there are no more files to attach.  Previous Name(s)  Out of State RN License Information  Work Location  Healing Art Survey  Discipline and Conviction Questions  Application Summary  You can attach more than one file to your application. Click the Attach button each time you add a new file. Once the online application is submitted, you will not be able to attach any documents.  If you did not attach the online Endorsement Identification Form and a recent 2 X 2 passport size photograph you must mail them to the Board of Registered Nursing at:  Board of Registered Nursing Licensing Unit P.O. Box 944210 Sacramento, CA 94244-2100  Iemporary License: If requesting a Temporary RN License, please submit the Endorsement Identification Form and a 550.00 check or money order payable to the Board of Registered Nursing. Mail the form and check to the address above.							
Transaction Suitability Questions  Application Questions  Application Questions  Application Questions  Application Questions  Application Questions  Name and Personal/Organization Details  Locate a file with the "Browse" button and press "Attach" or "Remove" as required.  Locate a file with the "Browse" button and press "Attach" or "Remove" as required.  Contact Details  Press "Next" when there are no more files to attach.  Press "Previous Name(s)  Out of State RN License Information  Work Location  Healing Art Survey  Discipline and Comiction Questions  File Attachments  Application Summary  Total Size of Attached Files:  11654  Browse  File Name:  Notes:  You can attach more than one file to your application. Click the Attach button each time you add a new file. Once the online application is submitted, you will not be able to attach any documents.  If you did not attach the online Endorsement Identification Form and a recent 2 X 2 passport size photograph you must mail them to the Board of Registered Nursing at:  Board of Registered Nursing  Licensing Unit  P. O. Box 944210  Temporary License; If requesting a Temporary RN License, please submit the Endorsement Identification Form and a \$55.00 check or money order payable to the Board of Registered Nursing. Mail the form and check to the address above.	Introduction	14 - RN Endorsement - Attachments					
Application Questions  Application Questions  Application Questions  Name and Personal/Organization Details  Contact Details  Contact Details  Education History  Previous Name(s)  Out of State RN License Information  Work Location  Healing Art Survey  Discipline and Conviction Questions  File Attachments  Application Summary  File Name:  Notes:  File Name:  Notes:  Board of Registered Nursing Licensing Unit  Pro. Dos 9444210  Sacramento, CA 94244-42100  Temporary License; If requesting a Temporary RN License, please submit the Endorsement Identification Form and a \$50.00 check or money order payable to the Board of Registered Nursing. Mail the form and check to the address above.	Information Privacy Act	The following items may be attached to your online application:					
Application Summary  3. A copy of the completed Live Scan form, if applicable.  Name and Personal/Organization Details  Contact Details  Contact Details  Education History  Previous Name(s)  Out of State RN License Information  Work Location  Healing Art Survey  Discipline and Conviction Questions  File Attachments  Application Summary  File Attachments  Application Summary  3. A copy of the completed Live Scan form, if applicable.  Locate a file with the "Browse" button and press "Attach" or "Remove" as required.  Press "Previous" to return to the previous screen.  To save and exit this application, click on the "Cancel" button.  Files Uploaded  ID form.docx  Endorsement Identification form  View Remove  File Name:  File Name:  Notes:  Notes:  If you can attach more than one file to your application. Click the Attach button each time you add a new file. Once the online application is submitted, you will not be able to attach any documents.  If you did not attach the online Endorsement Identification Form and a recent 2 X 2 passport size photograph you must mail them to the Board of Registered Nursing at:  Board of Registered Nursing  Licensing Unit  P. O. Box 944210  Sacramento, CA 94244-2100  Temporary License: If requesting a Temporary RN License, please submit the Endorsement Identification Form and a \$50.00 check or money order payable to the Board of Registered Nursing. Mail the form and check to the address above.							
Personal/Organization Details  Locate a file with the "Browse" button and press "Attach" or "Remove" as required.  Press "Next" when there are no more files to attach.  Press "Previous" to return to the previous screen.  To save and exit this application, click on the "Cancel" button.  Out of State RN License Information  Work Location  Healing Art Survey  Discipline and Conviction Questions  File Attachments  Application Summary  File Attachments  Application Summary  File Name:  Notes:  Notes:  Browse  File Name:  Notes:  If you did not attach the online Endorsement Identification Form and a recent 2 X 2 passport size photograph you must mail them to the Board of Registered Nursing at:  Board of Registered Nursing Licensing Unit P. O. Box 944210 Sacramento, CA 94244-2100  Temporary License; if requesting a Temporary RN License, please submit the Endorsement Identification Form and check to the address above.	Application Questions						
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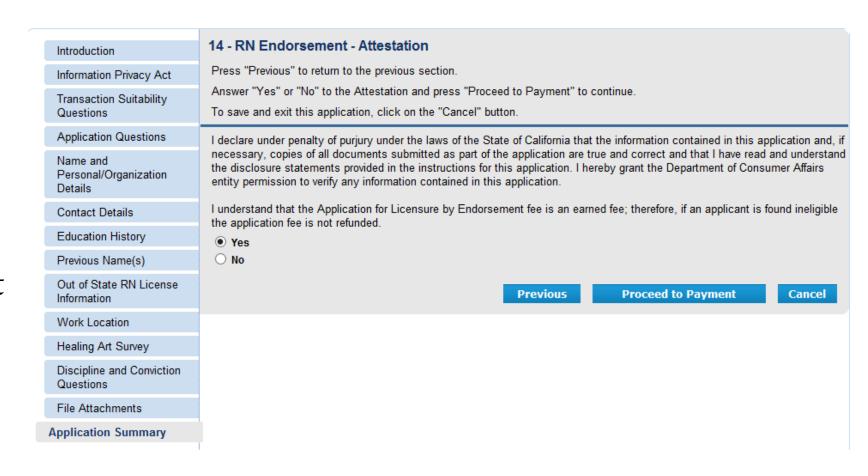
# Application Summary

 The Application Summary screen is an overview of all the information you have entered for your online application. Review the accuracy of the information before continuing.

Introduction	14 - RN Endorsement - Appl	ication Summary				
Information Privacy Act	NOTICE:					
Transaction Suitability Questions	Recent legislation has passed requiring the Board to collect certain demographic data relating to our licensees at the time of licensure and renewal and report this data to the Office of Statewide Health Planning and Development. Completion of this					
Application Questions	survey will help the State analyze and report gaps in the health care workforce in California to the California Legislature.					
Name and Personal/Organization Details	You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal. The survey is available for you at <a href="https://www.dca.ca.gov/webapps/oshpd_survey.php">https://www.dca.ca.gov/webapps/oshpd_survey.php</a> . Please go to this web address and complete the survey at this time. Instructions will be provided in the survey.					
Contact Details	Once you have completed this survey, please submit the application.					
Education History	Press "Previous" to the return to the previous section.					
Previous Name(s)	Review the data and press "Proceed to Payment" to submit this application.					
Out of State RN License	To save and exit this application, click on the "Cancel" button.					
Information	14 - RN Endorsement Summary					
Work Location		License Type:	Registered Nurse			
Healing Art Survey		Application Date:	11/22/2017 (mm/dd/yyyy)			
Discipline and Conviction Questions	Application Questions					
File Attachments	Will you be requesting a Temporary License? If "Yes", this will add an additional \$50.00 to your application fee. For additional information please refer to section VIII of the Endorsement Application Instructions.					
Application Summary	Did you graduate from a Registered Nursing program located in the United States of America/US territory? For additional information, please refer to section VI of the Endorsement application instructions.					
	Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below:  Yes  REQUESTING FINGERPRINT CARD/LIVE SCAN FORM					
	Have you served or are you currently	erved or are you currently serving in the military?				
	Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the Armed Forces? If "Yes", refer to the following instructions below regarding MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS.			No		
	Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?			No		
	Personal Details					
		Title:				
		First Name:	Zeline			
		Middle Name:				
		Last Name:	Dion			

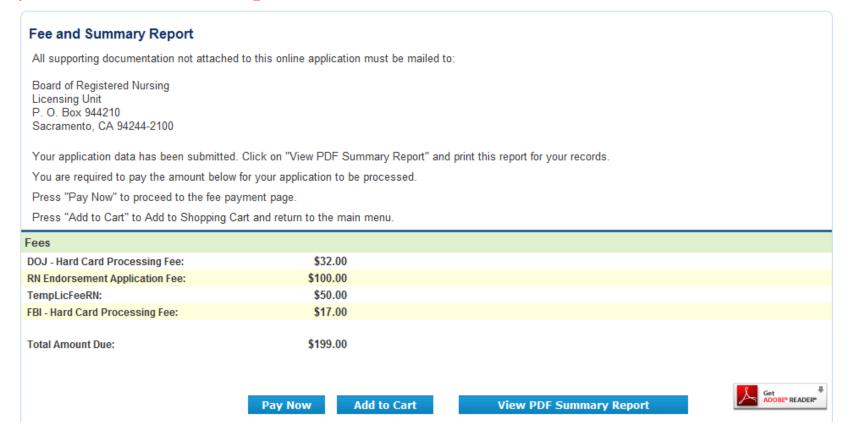
### Attestation

- Review the Attestation statement before clicking "Yes".
- Please note that paid application fees are not refunded for any reason.

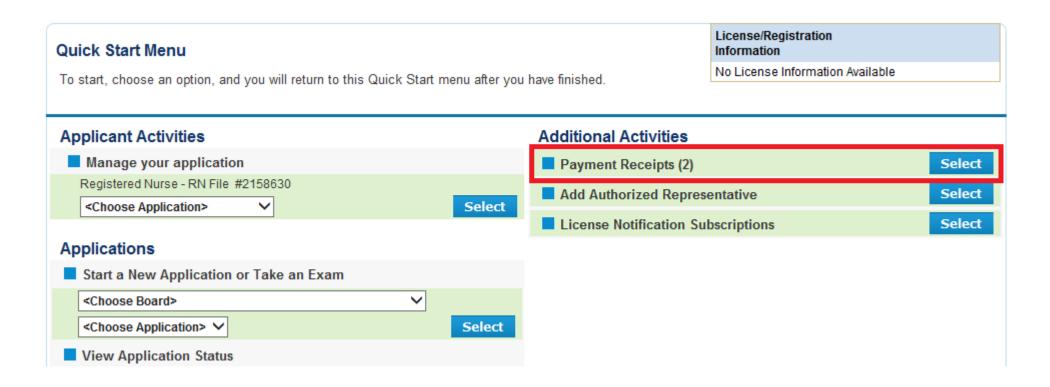


## Fee and Summary Report

- You will be shown a summary of required fees. Please click the "Pay Now" button to begin payment.
- Please submit payment the <u>same</u> day you submit the online application. Applications received without payment will NOT be processed.

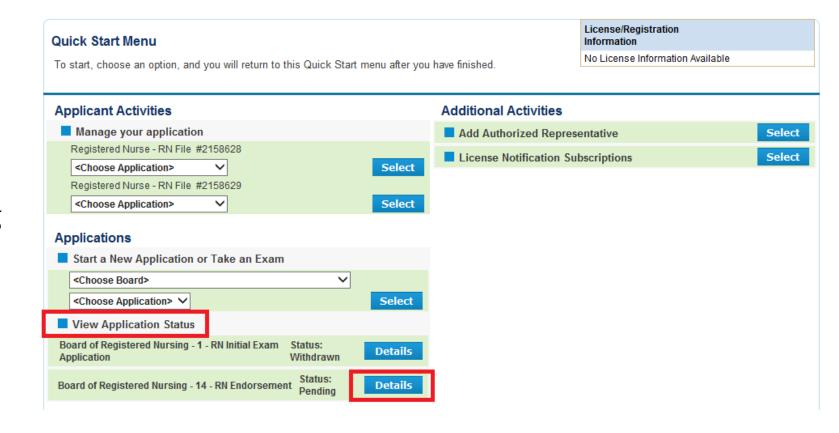


• After submission of payment, a copy of your payment receipt will be available on your BreEZe profile home page, shown below.



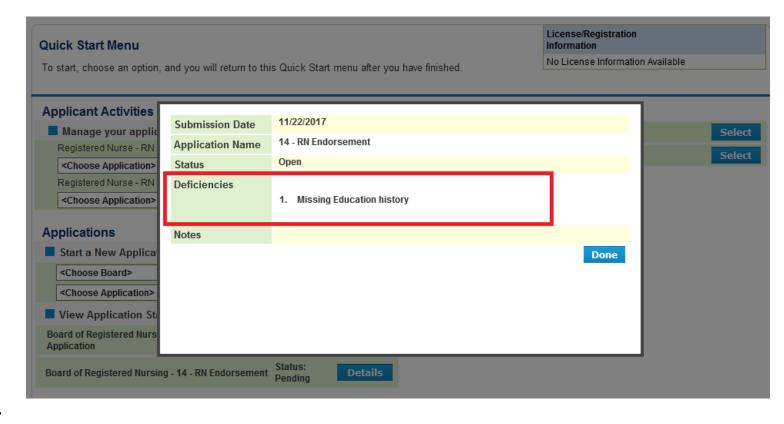
## Checking Your Application Status

• After submitting an Endorsement application, applicants can check their current status from their BreEZe account by clicking on the "Details" button under the "View Application Status" heading.



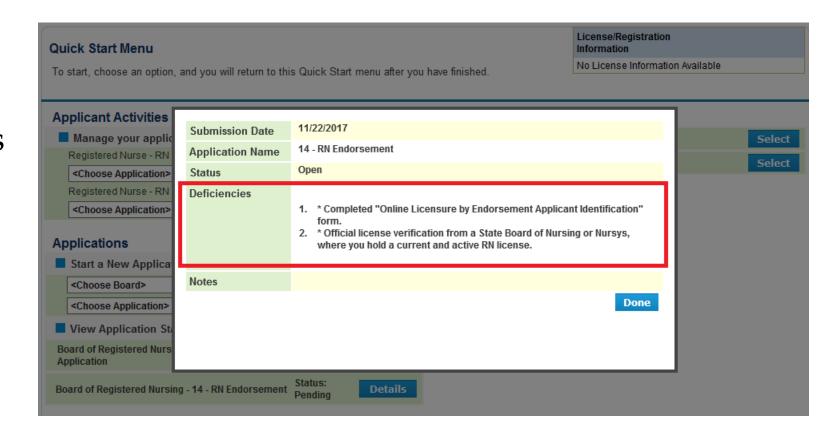
# Checking Your Application Status (cont'd)

- When clicking on the "Details" button, if there are no deficiencies listed, OR if you see a message that only says "Missing Education History", this means your application has been received but has **NOT YET** been evaluated. This message does NOT mean that we have not received your transcripts only that your application is still pending review.
- For application processing times, please refer to our website at www.rn.ca.gov and click on the "Processing Times" link on the right.



# Checking Your Application Status (cont'd)

• If there are deficiencies listed, the application has been evaluated and is awaiting receipt of additional requirements.



# Checking Your Application Status (cont'd)

- Upon application approval, your RN license information will be shown in the top right corner of your BreEZe profile home page, seen below. Your license information will also be viewable to the public on our online license verification system at <a href="https://www.breeze.ca.gov">www.breeze.ca.gov</a>
- The "Manage your license information" menu allows you to submit a Change of Address application for your license, as well as other items.

